

01-26-07

TFR 1634

Please type a plus sign (+) inside this box →



PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/552,949
	Filing Date	July 27, 2006
	First Named Inventor	OMARY, M. BISHR
	Group Art Unit	1634
	Examiner Name	Unassigned
Total Number of Pages in This Submission	Attorney Docket Number	STAN-297

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input checked="" type="checkbox"/> USPTO Form SB08A <input checked="" type="checkbox"/> 3 cited references <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return postcard
Remarks		


SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Signing Attorney/Agent (Reg. No.)	PAMELA J. SHERWOOD, 36,677 BOZICEVIC, FIELD & FRANCIS, LLP
Signature	<i>Pamela Sherwood</i>
Date	January 24, 2007

EXPRESS MAIL LABEL NO. EV 687 639 436 US

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT  Address to: Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket	STAN-297
	First Named Inventor	OMARY, M. BISHR
	Application Number	10/552,949
	Confirmation No.	1285
	Filing Date	July 27, 2006
	Group Art Unit	1634
	Examiner Name	Unassigned
Title: "KERATIN 8 AND 18 MUTATIONS ARE RISK FACTORS FOR DEVELOPING LIVER DISEASE OF MULTIPLE ETIOLOGIES"		

Dear Examiner:

This is a Supplemental Information Disclosure Statement submitted for the Examiner's consideration. A Form PTO-SB/08A listing the references and copies of the cited references accompany this paper. Applicants would appreciate the Examiner's initialing and returning the form to indicate that the references have been reviewed and made of record.

This Supplemental Information Disclosure Statement under 37 C.F.R. §1.97 is not to be construed as a representation that: (i) a search has been made, (ii) additional information material to the examination of this application does not exist, (iii) the information, protocols, results and the like reported by third parties are accurate or enabling or (iv) any one of the above references constitutes prior art to the present application.

As applicants have not yet received a first Action on the merits, no fee is believed to be required for filing this Disclosure Statement. However, if it is determined that fees are required in connection with the filing of this document, the Commissioner is hereby authorized to charge any necessary fees, or alternatively, credit any overpayment to our Deposit Account No. 50-0815, Order No. STAN-297.

Respectfully submitted,

BOZICEVIC, FIELD & FRANCIS LLP

Date: January 24, 2007

By: 

Pamela J. Sherwood
Registration No. 36,677

BOZICEVIC, FIELD & FRANCIS LLP
1900 University Avenue, Suite 200
East Palo Alto, California 94303
Telephone: (650) 327-3400
Facsimile: (650) 327-3231



PTO/SB/08b (08-03)

Approved for use through 06/30/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, persons are required to respond to a collection of information unless it contains a valid OMB control number.

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)			Complete if Known		
			Application Number	10/552,949	
			Filing Date	July 27, 2006	
			First Named Inventor	OMARY, M. BISHR	
			Art Unit	1634	
Sheet	1	of	1	Examiner Name	Unassigned
				Attorney Docket Number	STAN-297

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
		IRVINE, A., et al., "Human keratin diseases: the increasing spectrum of disease and subtlety of the phenotype-genotype correlation," (1999) <i>British Journal of Dermatology</i> , 140:815-828	
		KU, N., et al., "Mutation of human keratin 18 in association with cryptogenic cirrhosis," (1997) <i>The Journal of Clinical Investigation</i> , 99(1):19-23	
		GENBANK ACCESSION NO. NM_002273	

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.